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Date: April 18, 2005 **No. of Pages:** 13
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TO: Examiner Kim Lewis **COMPANY:** USPTO

FAX: 703-872-9306

FROM: Robert W. Mason **DEPARTMENT:** Legal/IP

FAX: 210 255 6969 **PHONE:** (210) 255-6271

RE: App. No. : 10/075,743
 Inventor : JOHNSON, Royce, et al
 Filed : February 14, 2002
 Confirmation No. : 1606
 Customer No. : 30159
 Title : BIOCOMPATIBLE WOUND DRESSING

Enclosed please find the following for filing in the referenced matter:

1. Transmittal Form;
2. Fee Transmittal 2005;
3. Petition for One-Month Extension of Time under 37 CFR 1.136(a);
4. Response to Office Action dated December 16, 2004.

I hereby certify that the attached correspondence is being facsimile transmitted to the above number (703-872-9306) on April 18, 2005.

Respectfully submitted,

Robert W. Mason
Reg. No.: 42,848

11ungCherieFax Cover Sheets\USPTO Fax Cover Sheet Central Fax Response to OA.doc
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 8023 Vantage Drive
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PTO/SB/21 (09-04)

Approved for use through 07/31/2006, OMB 0651-0051

U.S. Patent and Trademark Office, U.S. DEPARTMENT OF COMMERCE

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**TRANSMITTAL
FORM**

(to be used for all correspondence after initial filing)

Total Number of Pages In This Submission

Application Number 10/075,743

Filing Date 14 February 2002

First Named Inventor JOHNSON, Royce

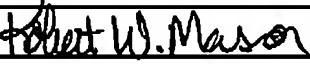
Art Unit 3761

Examiner Name LEWIS, Km M.

Attorney Docket Number VAC-700.US

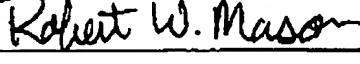
ENCLOSURES (Check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below):
<input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.63		
Remarks		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name	Kinetic Concepts, Inc.		
Signature			
Printed name	Robert W. Mason		
Date	04/18/05	Reg. No.	42,848

CERTIFICATE OF TRANSMISSION/MAILING

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below:

Signature			
Typed or printed name	Robert W. Mason	Date	04/18/05

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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PTO/SB/17 (12-042)
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U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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Effective on 12/06/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818). FEE TRANSMITTAL For FY 2005		Complete if Known		
		Application Number	10/075,743	
		Filing Date	02/14/2002	
		First Named Inventor	Johnson, et al	
		Examiner Name	LEWIS, Kim M.	
		Art Unit	3761	
TOTAL AMOUNT OF PAYMENT (\$)		120.00	Attorney Docket No.	VAC.700.US

METHOD OF PAYMENT (check all that apply)

<input type="checkbox"/> Check	<input type="checkbox"/> Credit Card	<input type="checkbox"/> Money Order	<input type="checkbox"/> None	<input type="checkbox"/> Other (please identify): _____
<input checked="" type="checkbox"/> Deposit Account Deposit Account Number: 500326 Deposit Account Name: Kinetic Concepts, Inc.				
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)				
<input checked="" type="checkbox"/> Charge fee(s) indicated below		<input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee		
<input checked="" type="checkbox"/> Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17		<input checked="" type="checkbox"/> Credit any overpayments		

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FEE CALCULATION**1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fee Paid (\$)
	Fee (\$)	Small Entity	Fee (\$)	Small Entity	Fee (\$)	Small Entity	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

2. EXCESS CLAIM FEES**Fee Description**

Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	Multiple Dependent Claims	
				Fee (\$)	Fee Paid (\$)
- 20 or HP =	x			50	25
HP = highest number of total claims paid for, if greater than 20.				200	100
Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	360	180

HP = highest number of independent claims paid for, if greater than 3.

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(c)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
- 100 =	/ 50 =	(round up to a whole number) x		

4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Other (e.g., late filing surcharge): Petition for Extension of Time to File under 37 CFR 1.136(a) - 1 month

120.00

SUBMITTED BY

Signature	<i>Robert W. Mason</i>	Registration No. 42,848 (Attorney/Agent)	Telephone 210 255 6271
Name (Print/Type)	Robert W. Mason	Date 18 April 2005	

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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PTO/SB/17 (12-04v2)
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U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

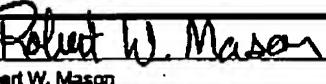
Under the Paperwork Reduction Act of 1995, no person is required to respond to a collection of information unless it contains a valid OMB control number.

Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2006 (H.R. 4818). FEE TRANSMITTAL For FY 2005		Complete If Known		
		Application Number	10/075,743	
		Filing Date	02/14/2002	
		First Named Inventor	Johnson, et al	
		Examiner Name	LEWIS, Kim M.	
		Air Unit	3761	
TOTAL AMOUNT OF PAYMENT	(\$)	120.00	Attorney Docket No.	VAC.700.US

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METHOD OF PAYMENT (check all that apply)					
<input type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> None <input type="checkbox"/> Other (please identify): _____					
<input checked="" type="checkbox"/> Deposit Account Deposit Account Number: <u>500326</u> Deposit Account Name: <u>Kinetic Concepts, Inc.</u>					
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)					
<input checked="" type="checkbox"/> Charge fee(s) indicated below			<input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee		
<input checked="" type="checkbox"/> Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17			<input checked="" type="checkbox"/> Credit any overpayments		
WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.					

FEE CALCULATION						
1. BASIC FILING, SEARCH, AND EXAMINATION FEES						
Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES	
	Small Entity	Fee (\$)	Small Entity	Fee (\$)	Small Entity	Fee (\$)
Utility	300	150	500	250	200	100
Design	200	100	100	50	130	65
Plant	200	100	300	150	160	80
Reissue	300	150	500	250	600	300
Provisional	200	100	0	0	0	0
2. EXCESS CLAIM FEES						
Fee Description						
Each claim over 20 (including Reissues) Fee (\$) Fee (\$) Each independent claim over 3 (including Reissues) Fee (\$) Fee (\$) Multiple dependent claims Fee (\$) Fee (\$)						
Total Claims Extra Claims Fee (\$) Fee Paid (\$) Multiple Dependent Claims Fee (\$) Fee Paid (\$)						
- 20 or HP = Fee (\$) x Fee (\$) = Fee (\$) HP = highest number of total claims paid for, if greater than 20.						
Indep. Claims Extra Claims Fee (\$) Fee Paid (\$) Fee (\$) Fee Paid (\$)						
- 3 or HP = Fee (\$) x Fee (\$) = Fee (\$) HP = highest number of independent claims paid for, if greater than 3.						
3. APPLICATION SIZE FEE						
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(c)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).						
Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$)						
- 100 = Fee (\$) / 50 = Fee (\$) (round up to a whole number) x Fee (\$) = Fee Paid (\$)						
4. OTHER FEE(S)						
Non-English Specification, \$130 fee (no small entity discount) Fee Paid (\$) Other (e.g., late filing surcharge): Petition for Extension of Time to File under 37 CFR 1.136(a) - 1 month Fee Paid (\$) 120.00						

SUBMITTED BY			
Signature	 Robert W. Mason		
Name (Print/Type)	Registration No. 42,848 (Attorney/Agent)		
Robert W. Mason	Telephone 210 255 6271		
Date 18 April 2005			

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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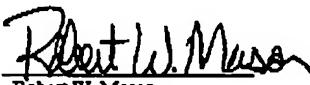
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APR 18 2005

PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

App. No. : 10/075,743 Confirmation No. 1606
Inventor : JOHNSON, Royce, et.al.
Filed : February 14, 2002
Group Art Unit : 3761
Examiner : LEWIS, Kim M.
Docket No. : VAC.700. US
Customer No. : 30159
Title : BIOCOMPATIBLE WOUND DRESSING

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

CERTIFICATE OF TRANSMISSION 37 C.F.R. § 1.8	
I hereby certify that this correspondence is being facsimile transmitted to the following number <u>703-572-9306</u> , on the date entered below:	
18 April 2005 Date	 Robert W. Mason

Response to Office Action dated December 16, 2004

Dear Sir or Madam:

A Petition under 37 C.F.R. 1.136(a) for a one-month extension of time is attached hereto. Because April 16, 2005 was a Saturday, it is respectfully submitted this extension request is timely submitted. In response to the Office Action of December 16, 2004, please amend the above-identified application as follows:

Amendments to the Claims are reflected in the listing of claims, which begins on page 2 of this paper.

Remarks/Arguments begin on page 6 of this paper.